

**Town of Grafton**  
**Town Clerk**  
30 Providence Road  
Grafton, MA 01519

**ACKNOWLEDGEMENT OF RECEIPT**

I hereby acknowledge that I received a copy of the summary of the conflict of interest law for municipal employees

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**Print Name**

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**Department / Office / Board / Committee**

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**Date**

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**Signature**

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**Email address**

Please sign and return to the Town Clerk's Office.

           **Online Training "Certificate of Completion" included**

*Municipal employees should complete the acknowledgment of receipt and return it to the individual who provided them with a copy of the summary. Alternatively, municipal employees may send an e-mail acknowledging receipt of the summary to the individual who provided them with a copy of it.*